

ELECTRONIC INFORMATION DISCLOSURE STATEMENT

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Title of Invention

BIASED ACTUATORS AND METHODS

Application Number : 10/659989
Confirmation Number: 4652
First Named Applicant: Oded Sturman
Attorney Docket Number: 2590P069
Art Unit: 3751
Examiner: Robert M Fetsuga
Search string: (6830202).pn



US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

| init | Cite.No. | Patent No. | Date | Patentee | Kind | Class | Subclass |
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| | 1 | 6830202 | 2004-12-14 | Coldren | B2 | | |

Remarks

Note: Remarks are not for responding to an office action.

Applicant, in accordance with his duty of disclosure under 37 CFR 1.56 and in accordance with 37 CFR 1.97(b)(3), hereby submits this Electronic Information Disclosure Statement citing a U.S. Patent document for consideration by the Examiner. It is hereby stated that no item of information contained in the Electronic Information Disclosure Statement was cited in a patent office in a counterpart application, and, to the knowledge of the undersigned, after making reasonable inquiry, no item of information contained in the Electronic Information Disclosure Statement was known to any individual associated with the filing of prosecution of the subject application more than three months prior to filing of the Electronic Information Disclosure Statement. No fee should be required for the filing of this Electronic Information Disclosure Statement, but in the event it is determined that a fee is due, please charge the fee to Deposit Account No. 02-2666. Applicant respectfully requests that the cited document be considered and that the form be initialed by the Examiner to indicate such consideration and a copy thereof returned to the Applicants' attorney of record. Pursuant to 37 CFR 1.97, the submission of this Electronic Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability.

Signature

| Examiner Name | Date |
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